

Name  
in  
Full

Milton Block

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

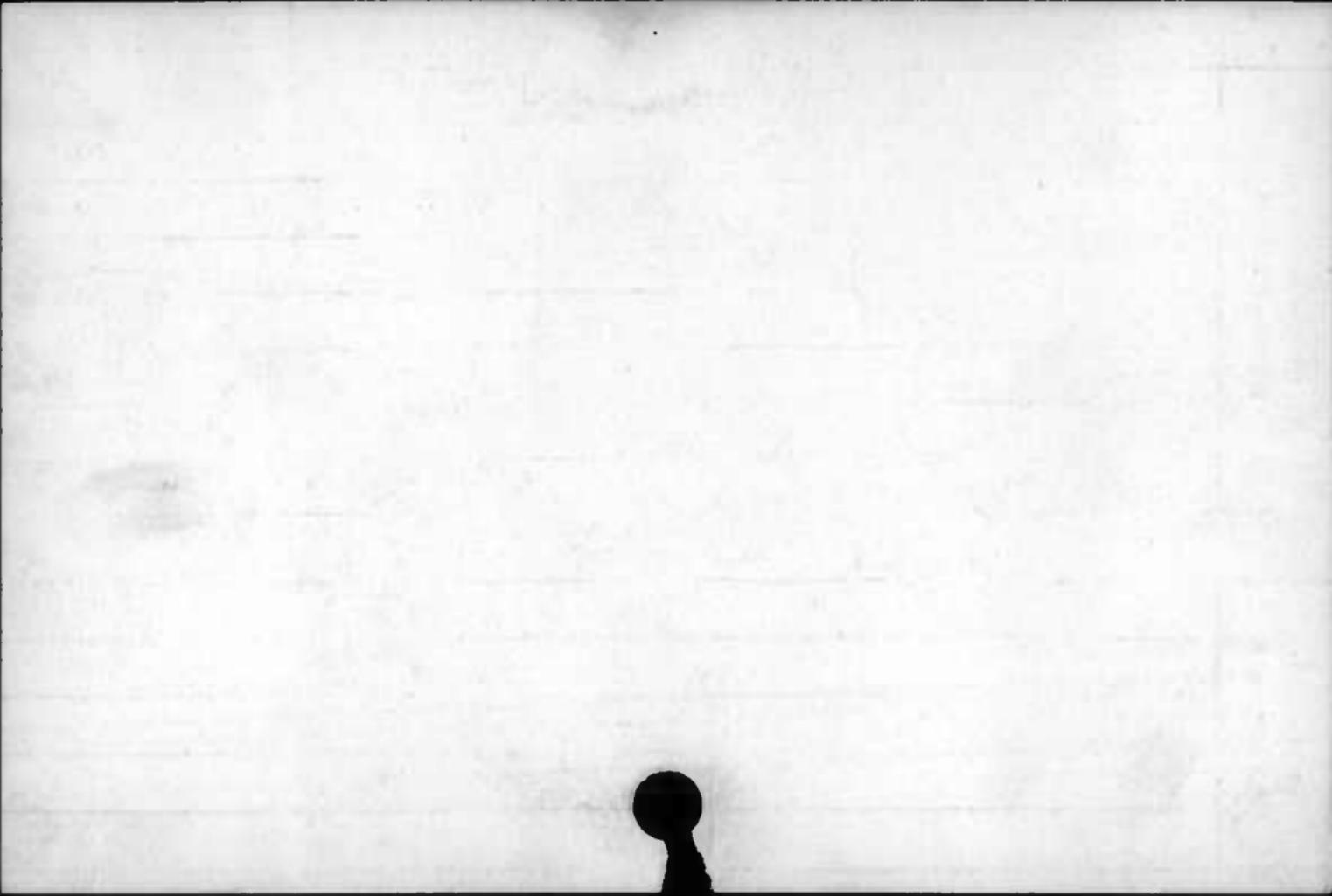
Died at <u>Creech</u>		County <u>Garrett</u>		MARYLAND		
Date of death <u>1908</u>	Month <u>Oct</u>	Day <u>5</u>	Age <u>1</u>	Years <u>1</u>	Months <u>6</u>	Days <u>0</u>
Sex <u>Male</u>	Color or Race <u>white</u>	Birth-place <u>2ndo</u>				
Occupation <u></u>	Where Residing if not at place of death <u></u>					
Married, Single or Widowed <u>I</u>	Name of Wife or Husband <u></u>					
Father's Name <u>George Block</u>	Father's Birthplace <u>Wisconsin</u>					
Mother's Maiden Name <u>Letitia Bliter</u>	Mother's Birthplace <u>2ndo</u>					
Name of person giving information <u>Geo Block.</u>	How related to deceased <u>Father</u>					

CAUSES OF DEATH

150

PHYSICIAN  
OR CORONER

Primary <u>Micerephœnus</u>	How long <u>From birth</u>
Immediate <u>Asphyxia</u>	How long <u>Two weeks</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
	Address
Accident or Suicide? <u>Y.</u>	<u>J. C. Legge</u>
	<u>Oakwood</u>
	<u>MD</u>



Name  
in  
Full

James Russell Browning

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at Kitzmillerville Town Garrett County

MARYLAND

Date of death 1908 Month October Day 8 Years 25 Months 11 Days 21

Sex Male Color or Race White

Birth-place Valley Point  
Preston Co. W. Va.

Occupation Mechanic Where Residing If not at place of death horse

Married, Single or Widowed Single Name of Wife or Husband

Father's Name Mesack Allan Browning

Father's Birthplace Preston Co. W. Va.

Mother's Maiden Name Mary A Holly

Mother's Birthplace Hampshire Co.

Name of person giving Information EJ Harris

How related to deceased Brother-in-law

CAUSES OF DEATH

164

Primary Killed instantly How long

Immediate Crushed skull How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

H.P. Copeland

Address

Blaine  
W. Va.

Accident or Suicide? Accident

Back part of skull crushed in being thrown against  
a timber while in a runaway coal bucket

Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Helen. Marie.Campbell

CERTIFICATE OF DEATH

Died at

Town

Kendal

County

Garrett

MARYLAND

Date  
of death

1908

Month

Oct

Day

20

Years

1

Months

6

Days

8

Sex

Female

Color or  
Race

White

Birth-  
place

Maryland

Occupation

Where Residing if not  
at place of death

Married, Single  
or Widowed

Single

Name of Wife or  
Husband

Father's  
Name

Walter S Campbell

Father's  
Birthplace

Pa

Mother's  
Maiden Name

Viola Broughton

Mother's  
Birthplace

Pa

Name of person giving  
Information

Walter Campbell

How related  
to deceased

Father

CAUSES OF DEATH

60

How long

1 wk.

Primary

Brain Fever

How long

1

Immediate

11

Are the name,age,sex,color,date  
and place correctly given above?

yes

Signature of  
Physician

A. Mason MD  
Friendville  
Md

Address

Accident or Suicide?

Blooming Rose cemetery

Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

CERTIFICATE OF DEATH

Died at <u>near Friendsville</u>		Town	County <u>Garrett</u>		MARYLAND	
Date of death <u>1908</u>	Month <u>Oct</u>	Day <u>22</u>	Age <u>2</u>	Years	Months	Days
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Maryland</u>				
Occupation	Where Residing if not at place of death					
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband					
Father's Name <u>Walter coolington</u>	Father's Birthplace <u>Md</u>					
Mother's Maiden Name <u>Kettie. et. Brasee</u>	Mother's Birthplace <u>Md</u>					
Name of person giving Information <u>Walter coolington</u>	How related to deceased					

CAUSES OF DEATH

101

PHYSICIAN  
OR CORONER

Primary

Toncilitis

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

A. J. Mason  
Friendsville  
Md

Accident or Suicide?

Additional material

Name  
in  
Full

Silas Paul Tirazee

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

near	Died at Hayes		County	MARYLAND		
Date of death	1908	Month Oct	Age 14	Years 5	Months 4	Days 9
Sex	Male	Color or Race	W	te	Birth-place	Maryland
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Single	Name of Wife or Husband				
Father's Name	Wm Tirazee		Father's Birthplace			Mo,
Mother's Maiden Name	Ora B cuppett		Mother's Birthplace			Mo
Name of person giving information	Wm Tirazee		How related to deceased			Father

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary  
diphtheria  
Immediate  
Croup

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

H. Mason MD  
Frederickville  
Md.

Accident or Suicide?

⑨<sup>new long</sup>

4 days

How long

2 "

Aug 18 1944 -

Name  
in  
Full

Clothes Fresh

CERTIFICATE OF DEATH

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NEAREST FRIEND

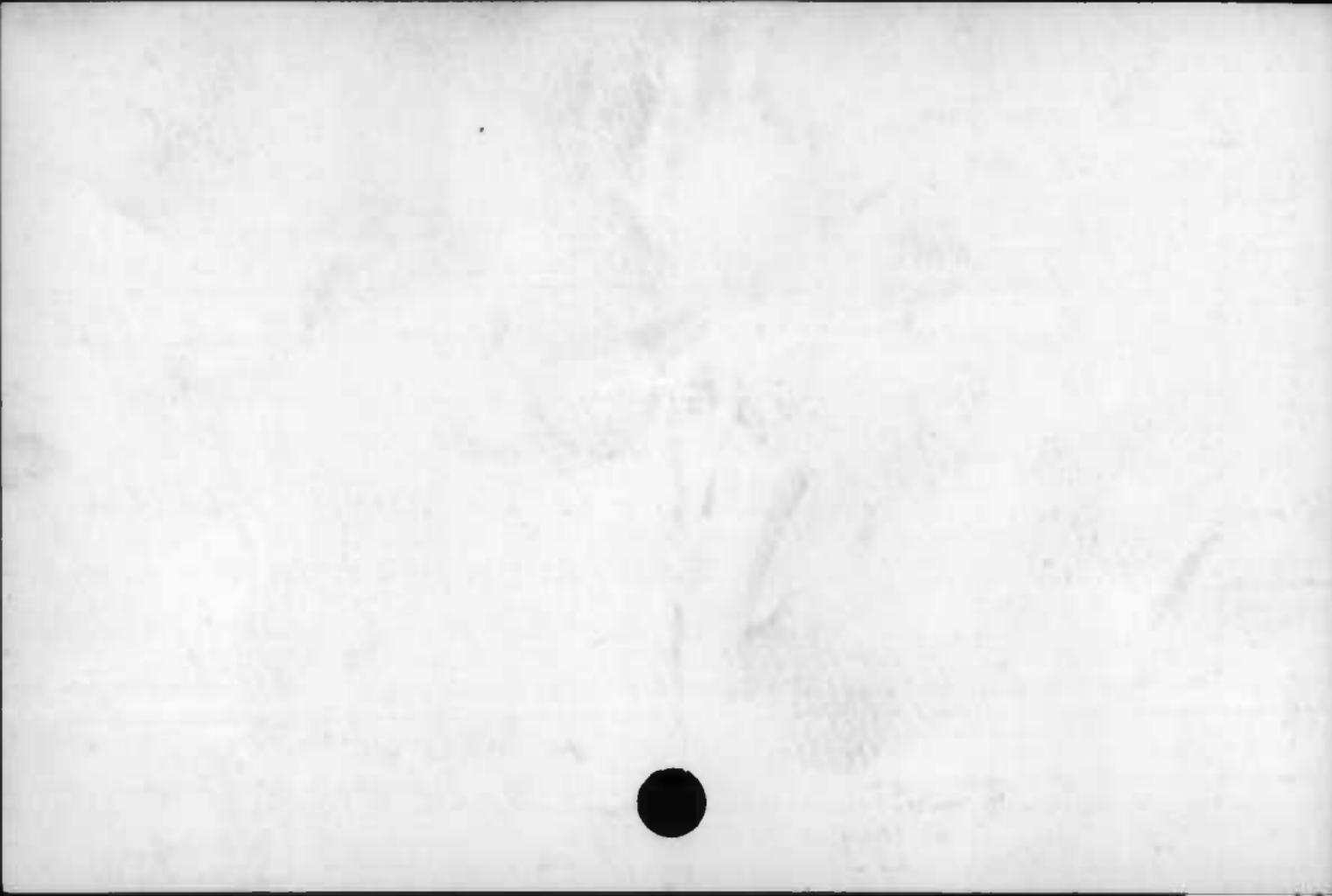
Died at	Town		County		MARYLAND	
Date of death	1908	Month Oct	Day 19	Years 3	Months 6	Days 7
Sex	Female		Color or Race	White		Birth-place
Occupation	Infant		Where Residing if not at place of death	Baltimore		
Married, Single or Widowed	Single		Name of Wife or Husband	Baltimore		
Father's Name	David Fresh		Father's Birthplace	Baltimore		
Mother's Maiden Name	Lucinda Billings		Mother's Birthplace	Baltimore		
Name of person giving information	John Miller		How related to deceased	Uncle		

CAUSES OF DEATH

63

PHYSICIAN  
OR CORONER

Primary	Infantile Paralysis		How long	4 months
Immediate	Complete Paralysis		How long	24 hours
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	A.T. Robinson	
		Address	Granville Md	
Accident or Suicide?				



Name  
in  
Full

A. Frederick George

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
1908	October	25	52	10	Unknown
Sex	Male	Color or Race	White	Birth-place	England
Occupation	Farmer		Where Residing if not at place of death		
Married, Single or Widowed	Married	Name of Wife or Husband	Mary Elizabeth (Brady) George		
Father's Name	William E. George		Father's Birthplace	England	
Mother's Maiden Name	Jane Elizabeth Sampson		Mother's Birthplace	England	
Name of person giving information	A. Charles George		How related to deceased	Brother	

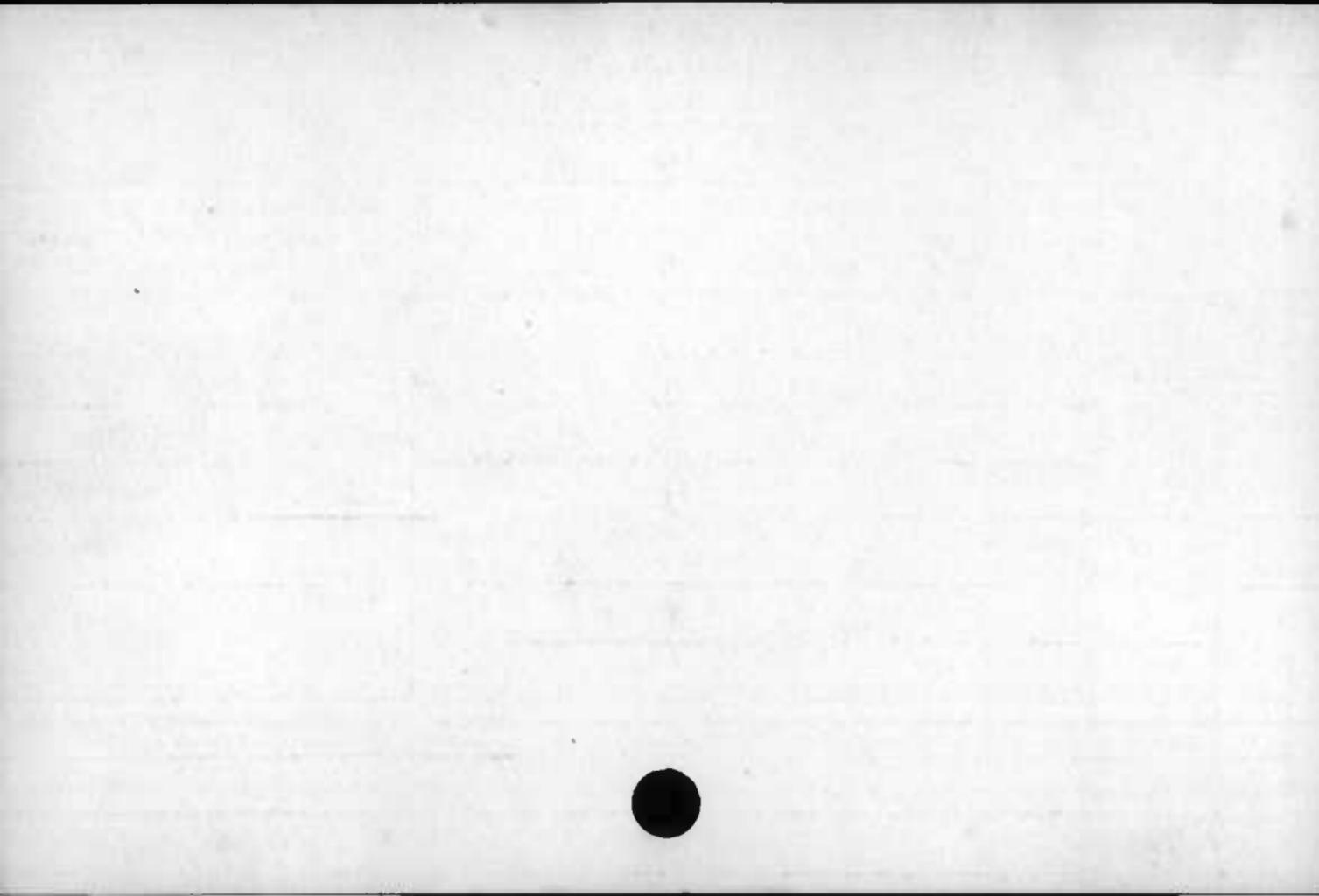
CAUSES OF DEATH

159

How long

PHYSICIAN  
OR CORONER

Primary	Gun-shot wound	
Immediate	Pulmonary hemorrhage	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician
		J. E. Hurley
		Address
		Deer Park
Accident or Suicide?	Suicide	
	Filed 1908	



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Charles H. Liston

CERTIFICATE OF DEATH

MARYLAND

Died at		Town	County			
Date of death	1908	Month Oct	Day 25	Years 58	Months 11	Days 7
Sex	Male	Color or Race	white	Birth-place	Maryland	
Occupation	constable	Where Residing if not at place of death			Friendsville	
Married, Single or Widowed	married	Name of Wife or Husband	Ida. M. Liston			
Father's Name	John. Liston	Father's Birthplace			Penna	
Mother's Maiden Name	Agnes Ryland	Mother's Birthplace			Penna	
Name of person giving information	R.R. Liston	How related to deceased			Brother	

CAUSES OF DEATH

159

Primary

Shot-through head

How long

11 hours

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

A. Mason MD  
Friendsville  
Md

Accident or Suicide?

1 - 10 - 85  
81 - 11 - 0587  
98 - 01 - 8961  
21

Name  
in  
Full

Baby Sauce

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Crellin			County Garrett		MARYLAND	
Date of death 190	Month 8 Oct	Day 11	Age	Years 4	Months	Days
Sex BMale	Color or Race White	Occupation		Birth-place Md		
Married, Single or Widowed						
Name of Wife or Husband						
Father's Name	Raymond Saucer			Father's Birthplace	W. Va.	
Mother's Maiden Name	Gertrude Sanders			Mother's Birthplace	Pennia.	
Name of person giving information	Frank Ashby			How related to deceased	None	

CAUSES OF DEATH

93

How long

6 days

Short time

PHYSICIAN  
OR CORONER

Primary

Pneumonia

Immediate

Heart Failure

Are the name, age, sex, color, date and place correctly given above?

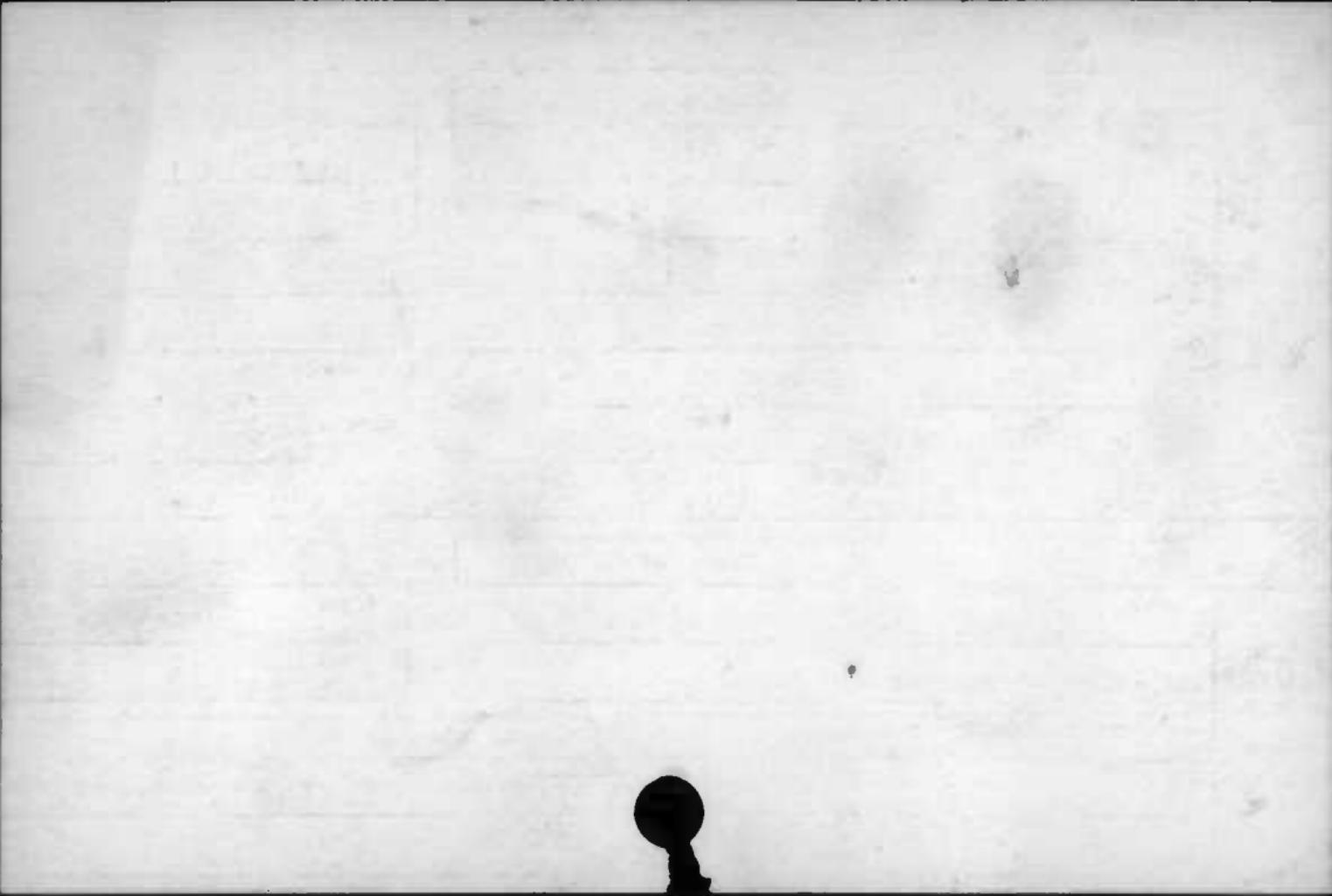
Signature of  
Physician

J. E. Legge

Address

Oakland, Md.

Accident or Suicide?



Name  
in  
Full

CERTIFICATE OF DEATH

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NEAREST FRIEND

PHYSICIAN  
OR CORONER

near white Rock		Town	County		MARYLAND		
Died at			Garrett				
Date of death	1908	Month Oct	Day 16	Age 82	Years	Months 9	Days 7
Sex	Male	Color or Race	White		Birth-place	Maryland	
Occupation	Farmer		Where Residing if not at place of death		W. Va		
Married, Single or Widowed	Widower	Name of Wife or Husband	Eliza Savage				
Father's Name	Lemuel Savage				Father's Birthplace	Md	
Mother's Maiden Name	Mary Castell				Mother's Birthplace	Md	
Name of person giving information	S. Savage				How related to deceased	Son	

CAUSES OF DEATH

Primary	Coppoplexy		64	How long
Immediate	" 2nd stroke		How long	How long
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	6. E. Kieskinow	
		Address	Brandonville $7\frac{1}{4}$	
Accident or Suicide?	Accident		(nr)	

Fall some 5 ft high off porch badly bruising his face,  
and did not regain consciousness fully afterward,  
but lived some few days

Home - care: T. J.

Name  
in  
Full

John Taylor. ~~Duplicate~~ Original m. m.

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County			
Sunnyside		Garrett		MARYLAND		
Date of death	1908	Month Oct.	Day 22	Years 82	Months 3	Days 28
Sex	Male	Color or Race	white	Birth-place	Ireland	
Occupation	Gardner		Where Residing if not at place of death	Sunnyside		
Married, Single or Widowed	Widowed		Name of Wife or Husband	Bridget A. Taylor		
Father's Name	Christopher Taylor		Father's Birthplace	Ireland		
Mother's Maiden Name	Barret		Mother's Birthplace	"		
Name of person giving information	Nora M. Taylor		How related to deceased	Daughter		

CAUSES OF DEATH

44

PHYSICIAN  
OR CORONER

Primary

Cancer on underside of face.

How long

18 months

Immediate

Heart Failure

How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of  
Physician

Address

John S. Kramer, S.R.  
R.R. No. 1, Oakland, Md

Accident or Suicide?

